

# Morbidity and Mortality

Weekly Report



U. S. Department of  
HEALTH, EDUCATION, AND WELFARE

Public Health Service

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## Provisional Information on Selected Notifiable Diseases in the United States and on Deaths in Selected Cities for Week Ended April 2, 1955

Characteristically, the first quarter of the year is one in which respiratory infections predominate. Measles, whooping cough, streptococcal infections of the respiratory tract, and influenza are common occurrences.

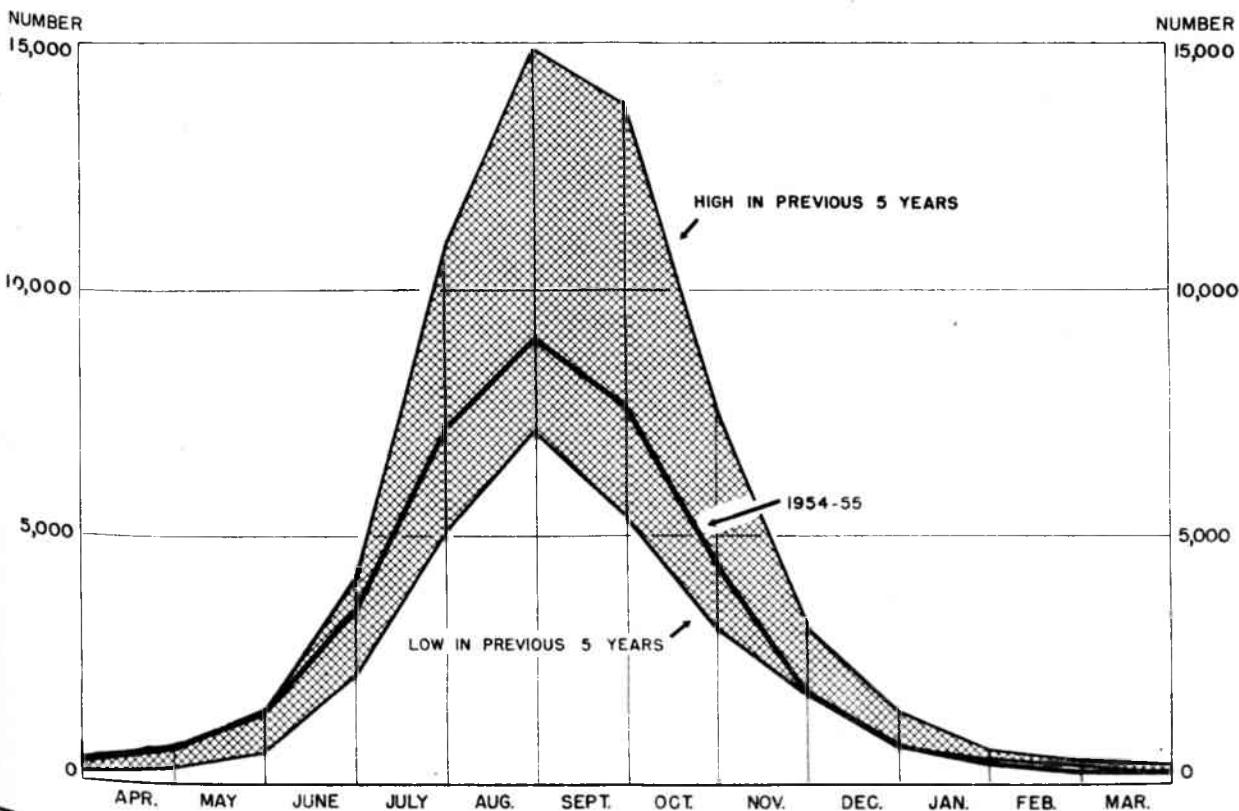
During the first quarter of 1955, the reported incidence of measles was about 3 percent above that for the same period of last year; and whooping cough was nearly 18 percent in excess of the 1954 figures. The streptococcal infections, while highly prevalent, were slightly below the number reported in the first quarter of last year. In 1954 there was no widespread occurrence of influenza, although sporadic cases, diagnosed principally by serologic tests, were reported. In the first 3 months of the current year there were numerous localized outbreaks of respiratory diseases reported in which influenza B virus was isolated or serological tests indicated this type of infection. Many

of the outbreaks were reported as occurring mainly among school children. There have been no indications from available mortality data that the influenza B infections were severe.

Pittacosis cases so far in 1955 have been more frequently reported than for the same period of last year. A total of 90 cases from 28 States has been recorded as compared with 50 in 16 States in 1954. Epidemiological reports show that nearly all of the 90 cases followed contact with parakeets.

The first 13 weeks of 1955 is the final quarter of the 1954-55 poliomyelitis "disease year." During the first quarter of the 1954-55 "disease year," about April 1 to June 30, 1954, the number of cases reported from week to week was often higher than for any of the previous 5 years. However, in the last quarter (first 13 weeks of 1955), the incidence was often lower than for any of the previous 5 years (see accompanying chart).

### POLIOMYELITIS CASES REPORTED BY 4-WEEK PERIODS: UNITED STATES



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The relatively low incidence so far in 1955 should not be used in predicting a trend for the 1955-56 "disease year." The above figures do not include Puerto Rico where poliomyelitis has been reported in epidemic proportions since November 1954. According to a report from Puerto Rico, the total for a 14-week period ended April 2, is 311 cases as compared with 14 last year.

The number of meningococcal infections for the first quarter of 1955 was 1,263 as compared with 1,477 for the corresponding period of 1954. The corresponding number for 1953 was 1,889. The decrease this year is a further indication that the cycle of the disease was completed in 1953, and the incidence of the disease is now definitely on the decline. So far this year, little change has occurred in the incidence over that for last year in 2 geographic divisions—the Middle Atlantic and the East South Central. The Middle Atlantic Division has reported approximately 198, and the East South Central, approximately 175 cases for both years. In the East North Central Division, the incidence decreased from 279 cases for the first 13 weeks of

1954 to 227 for the same period in 1955. The South Atlantic showed a decrease from 286 cases to 211.

So far, more cases of infectious encephalitis have been reported in 1955 than in 1954, but this may be related to an increase in both measles and whooping cough. Most cases reported in the winter months are presumed to be post infectious types of disease, since arthropod-borne infections are rare in this season.

In addition to the numerous outbreaks of gastro-enteritis affecting more than 1,100 individuals, reported to have occurred since January 1, 1955, information on 1 outbreak in each of the following has been received: trichiniasis, typhoid fever, botulism, and chemical food poisoning. Four reports of anthrax in man were also received. Of the 6 cases reported, 4 occurred in industrial plants, and the remaining 2 had contact with live or dead animals.

*Continued on page 8*

Table 1. CASES OF SPECIFIED NOTIFIABLE DISEASES: CONTINENTAL UNITED STATES  
(Numbers after diseases are category numbers of the Sixth Revision of the International Lists, 1948)

DISEASE	13th WEEK			CUMULATIVE NUMBER						Approximate seasonal low point	
	Ended Apr. 2, 1955	Ended Apr. 3, 1954	Median 1950-54	First 13 weeks			Since seasonal low week				
				1955	1954	Median 1950-54	1954-55	1953-54	Median 1949-50 to 1953-54		
Anthrax-----062	-	-	1	9	5	10	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	
Botulism-----049.1	-	-	---	4	6	---	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	
Brucellosis (undulant fever)-----044	23	34	---	<sup>2</sup> 280	358	---	---	---	---	---	
Diphtheria-----055	34	24	52	460	518	890	1,677	1,863	3,072	July 1	
Encephalitis, infectious-----082	40	39	22	300	271	242	1,652	998	981	June 1	
Hepatitis, infectious, and serum-----092, N998.5 pt.	761	1,323	---	12,044	17,250	---	---	---	---	---	
Malaria-----110-117	5	7	---	48	87	---	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	
Measles-----085	22,895	30,401	19,548	232,622	226,882	176,493	<sup>2</sup> 88,372	262,974	205,883	Sept. 1	
Meningococcal infections-----057	78	122	117	1,263	1,477	1,477	2,355	2,799	2,799	Sept. 1	
Poliomyelitis-----080	61	78	67	<sup>3</sup> 1,064	1,553	1,318	<sup>3</sup> 8,251	35,940	35,940	Apr. 1	
Psittacosis-----096.2	3	6	---	490	50	---	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	
Rabies in man-----094	-	-	-	2	1	1	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	
Rocky Mountain spotted fever-----104A	1	3	1	12	9	9	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	
Scarlet fever and streptococcal sore throat-----050,051	4,783	5,134	3,648	<sup>5</sup> 57,530	59,612	40,931	<sup>5</sup> 94,921	94,246	57,253	Aug. 1	
Smallpox-----084	-	-	-	-	-	4	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	
Trichiniasis-----128	4	7	---	39	80	---	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	
Tularemia-----059	11	8	12	174	169	188	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	
Typhoid fever-----040	17	28	28	307	406	399	<sup>2</sup> 180	2,397	2,397	Apr. 1	
Typhus fever, endemic-----101	1	-	---	16	34	---	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	
Whooping cough-----056	1,151	1,066	1,066	16,349	13,925	15,056	33,631	23,682	29,262	Oct. 1	
Rabies in animals-----	150	183	182	1,666	2,322	2,242	3,019	4,106	---	Oct. 1	

<sup>1</sup>Frequencies are too small.

<sup>2</sup>Deduction: Arkansas, week ended March 26, 1 case.

<sup>3</sup>Addition: Mississippi, week ended March 26, 1 case.

<sup>4</sup>Addition: Idaho, week ended March 26, 3 cases. Deduction: Kentucky, week ended March 26, 1 case.

<sup>5</sup>Addition: Wyoming, week ended March 26, 100 cases.

NOTE.—California reported 1 case of dengue with origin in South America.

## SOURCE AND NATURE OF MORBIDITY DATA

These provisional data are based on reports to the Public Health Service from health departments of each State and Territory and of one possession. They give the total number of cases of certain communicable diseases reported during the week usually ended the preceding Saturday. Cases of anthrax, botulism, psittacosis, rabies in man, and smallpox are not shown

in table 2, but a footnote to table 1 shows the States making the reports. In addition, when diseases of rare occurrence (cholera, dengue, plague, relapsing fever—louse borne, typhus fever—epidemic, and yellow fever) are reported, they will be noted at the end of table 1.

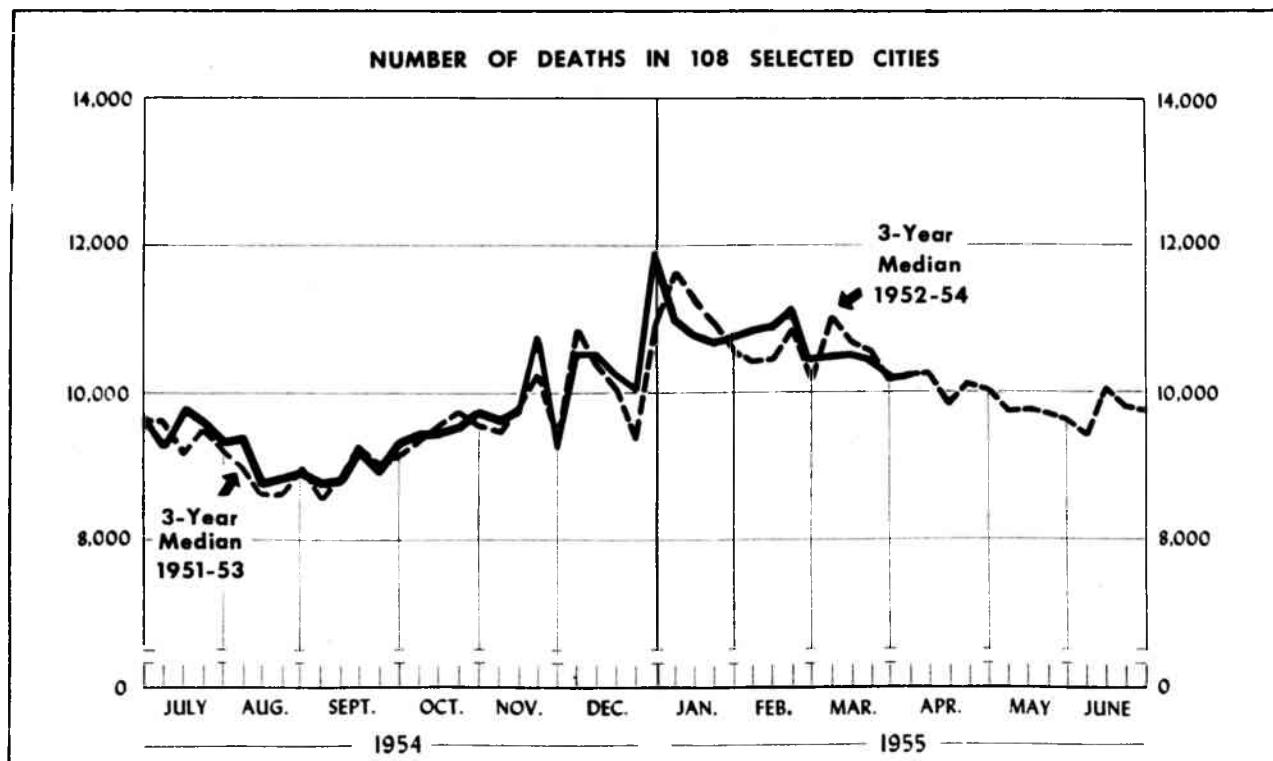
Symbols.—1 dash [ - ]: no cases reported; 3 dashes [ --- ]: data not available.







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The chart shows the number of deaths reported for 108 major cities of the United States by week for the current year, and, for comparison, the median of the number of deaths reported for the corresponding weeks of the 3 previous calendar years. (The median is the central one of the three values arranged in order of magnitude.) If a report is not received from a city in time to be included in the total for the current week, an estimate is made to maintain comparability for graphic presentation.

The figures reported represent the number of death certificates received in the vital statistics offices during the week indicated, for deaths occurring in that city. Figures compiled in this way, by week of receipt, usually approximate closely the number of deaths occurring during the week. However, differences are to be expected because of variations in the interval between

death and receipt of the certificate.

While week-to-week changes in the total number of deaths reported for all major cities generally represent a change in mortality conditions, this may not be true for variations in weekly figures for each city. For example, in a city with a weekly average of 50 deaths, the number of deaths occurring in a week may be expected to vary by chance alone from 36 to 64 ( $d \pm 2\sigma$ ), where  $d$  represents the average number of deaths per week.

The number of deaths in cities of the same size may also differ because of variations in the age, race, and sex composition of their populations, and because some cities are hospital centers serving the surrounding areas. Changes from year to year in the number of deaths may be due in part to population increases or decreases.

Table 3. DEATHS IN SELECTED CITIES BY GEOGRAPHIC DIVISION

(By place of occurrence, and week of filing certificate. Exclusive of fetal deaths)

AREA	13th week ended Apr. 2, 1955	12th week ended Mar. 26, 1955	13th week median 1952-54	Percent change, median to current week	CUMULATIVE NUMBER FOR FIRST 13 WEEKS		
					1955	1954	Percent change
TOTAL: 107 REPORTING CITIES-----	10,192	10,287	10,211	-0.2	137,978	135,113	+2.1
New England----- (14 cities)	726	736	689	+5.4	9,764	9,107	+7.2
Middle Atlantic----- (17 cities)	2,915	3,169	3,073	-5.1	41,160	40,079	+2.7
East North Central----- (18 cities)	2,258	2,162	2,229	+1.3	29,715	29,422	+1.0
West North Central----- (8 cities)	716	701	684	+4.7	9,197	9,259	-0.7
South Atlantic----- (9 cities)	783	760	764	+2.5	10,370	10,375	-0.0
East South Central----- (8 cities)	478	433	446	+7.2	6,350	6,346	+0.1
West South Central----- (13 cities)	844	757	785	+7.5	10,739	10,578	+1.5
Mountain----- (8 cities)	213	237	235	-9.4	3,298	3,051	+8.1
Pacific----- (12 cities)	1,259	1,332	1,298	-3.0	17,385	16,896	+2.9



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## EPIDEMIOLOGICAL REPORTS

### Human anthrax

Dr. G. D. Wallace, Public Health Veterinary Services, Colorado Department of Public Health, has supplied information on the 2 cases of anthrax in man, reported for the week ended March 19. Both patients were in the rendering business and picked up carcasses of dead animals for transfer to another rendering company. No known contact was made with the affected animals, but bovine anthrax has been reported sporadically in the area. The disease was not confirmed by laboratory tests. However, the clinical symptoms and the lesions resemble those of cutaneous anthrax. Blood specimens from 1 patient were negative for tularemia. The other patient had tularemia 12 years ago, and the agglutination test was positive for this disease, but negative for brucellosis.

### Influenza

Last week there was a typographical error in reporting the isolation of influenza A virus (A/Albany/1/51), which should have been (A/Albany/1/55).

### Psittacosis

Dr. D. S. Fleming, Minnesota Department of Health, reports 2 cases of psittacosis. One case was in a woman who became ill with a cough and fever during the latter part of February. X-ray showed patchy pneumonia consistent with the diagnosis of psittacosis. The clinical diagnosis had been substantiated by complement fixation tests. The patient had been exposed to 2 parakeets, one of which died, and was not available. The other bird, apparently well, was killed and sent to a laboratory for examination. The second case was in an employee of a department store. This case was also confirmed by complement fixation tests on blood specimens. The patient came in contact with birds only when walking past the cages, and when the cages were being cleaned by other employees. Two previously reported cases have been associated with this store.

### Typhoid fever

Dr. J. D. Martin, Louisiana Department of Health, has supplied information regarding 21 cases of typhoid fever which have occurred in one parish since April 10, 1954. These cases were all interrelated and occurred among 5 families. The first case occurred in a person who had visited her sister in Arkansas. The sister was ill and her case was diagnosed as typhoid fever, but the organism was not typed. Her son had no history of illness, but Salmonella typhosa, type J was isolated from his stool specimens. All the Louisiana cases that have been typed, yielded the same type of organism. Two persons from California who visited Louisiana became ill with typhoid fever, type J.

### Gastro-enteritis

The Los Angeles County Health Department reports an outbreak of gastro-enteritis among 50 persons in an institution. Of these, 10 became ill with nausea and vomiting from  $1\frac{1}{2}$  to 15 hours after an evening meal. Some of the patients had fever and some had diarrhea. The menu consisted of soup, creamed eggs with corn, jello, bread, butter, milk or coffee. None of the food was available for bacteriological examination, but an investigation revealed certain defects which could have contaminated a portion of the creamed eggs.

The California Department of Public Health reports 4 small outbreaks of gastro-enteritis involving a total of 21 among 31 persons who ingested custard or cream filled pastries. Bacteriological examination of pastries associated with 1 outbreak revealed numerous golden pigmented colonies of gram positive cocci. Pastries associated with another were negative for staphylococcus, but yielded alpha hemolytic streptococci (not enterococci group). None of the food for 1 outbreak was available, and no pathogens were found in the pastry suspected to be the vehicle of the fourth outbreak.

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